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In the Matter of the Accusation )  
Against: )  
 ) No. 07-90-5992  
ROBERT G. TRAHMS, M.D. )  
Certificate No. C-24815 )  
 )  
Respondent. )  
 )  
 )

DECISION

The attached Stipulation in case number 07-90-5992  
is hereby adopted by the Division of Medical Quality of the Medical  
Board of California as its decision in the above entitled matter.

This Decision shall become effective on JUNE 13, 1996.

IT IS SO ORDERED MAY 14, 1996

DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA

By Andee Imbert  
ANABEL ANDERSON IMBERT, M.D.  
President

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 ISA R. RODRIGUEZ  
Deputy Attorney General  
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6 Attorneys for Complainant

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DIVISION OF MEDICAL QUALITY**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

No. 07-90-5992

12 **ROBERT G. TRAHMS, M.D.**  
599 Sir Frances Drake Blvd.  
13 Greenbae, CA 94904-1742

**STIPULATION AND WAIVER**

14 Physician and Surgeon Certificate No. C-24815

15 Respondent.

16  
17 **IT IS HEREBY STIPULATED** by and between the respondent ROBERT  
18 G. TRAHMS, M.D., by and through his attorneys, Kurt W. Melchior and Elaine M.  
19 O'Neil, and the Executive Director of the Medical Board of California, by and through  
20 its attorney, Isa R. Rodriguez, Deputy Attorney General, as follows:

21 1. That Accusation No. 07-90-5992 is presently pending against respondent  
22 ROBERT G. TRAHMS, M.D., (hereinafter referred to as "respondent") in the above-  
23 entitled matter.

24 2. That respondent was served by registered mail with the Accusation,  
25 Statement to Respondent, and Notice of Defense in the above-entitled matter.

26 3. That respondent understands the nature of the charges alleged in the  
27 above-mentioned pending Accusation as constituting possible grounds for disciplinary

1 action against his certificate.

2 4. That respondent is fully aware of his right to a hearing on the charges  
3 and allegations contained in the above-mentioned pending Accusation.

4 5. That respondent fully and voluntarily waives his right to a hearing on the  
5 charges and allegations contained in the above-mentioned pending Accusation and that  
6 he further agrees to waive his right to reconsideration, judicial review, and any and all  
7 other rights which may be accorded him by the Administrative Procedure Act and the  
8 law of the State of California with regard to Accusation No. 07-90-5992.

9 6. That it is acknowledged by the parties hereto that this Stipulation  
10 constitutes an offer in settlement to the Medical Board of California (hereinafter  
11 referred to as "Board") and that it, and the recitals herein, are not effective until  
12 adoption by said agency.

13 7. That in the event this Stipulation is not adopted by the Board, nothing  
14 herein recited shall be construed as a waiver of respondent's right to a hearing or as  
15 an admission of the truth of any of the matters charged in the Accusation or contained  
16 herein.

17 8. That all admissions of fact and conclusions of law contained in this  
18 Stipulation are made exclusively for this proceeding and any further proceedings  
19 between the Board and the respondent if, and only if, adopted by the Board and shall  
20 not be deemed to be admissions for any purpose in this or any other administrative,  
21 civil or criminal action, forum, or proceeding.

22 9. That respondent denies all allegations of incompetence, but acknowledges  
23 that the Board is in possession of *prima facie* evidence, which would be sufficient to  
24 establish a *prima facie* case of repeated acts of negligence as set forth in Accusation  
25 No. 07-90-5992 (hereinafter attached as Exhibit A), and that this evidence, if  
26 considered without more, would be grounds for discipline.

27 10. That respondent asserts that had this matter proceeded to hearing he

1 would have introduced rebuttal and mitigatory evidence as to the allegations and that  
2 respondent believes that the rebuttal evidence would have been sufficient to rebut the  
3 existence of any grounds for discipline, but has chosen to forego the right to introduce  
4 such evidence and to argue its probative value for purposes of these negotiations and  
5 in order to avoid the time, expense, and uncertainty of trial, if this settlement is  
6 approved by the Board.

7 11. That based on the foregoing recitals, and without admitting to any  
8 violations of the Medical Practice Act, respondent nonetheless agrees that the Board  
9 has *prima facie* grounds for imposing discipline for repeated negligent acts.

10 12. That, further, based on the foregoing recitals, IT IS HEREBY  
11 STIPULATED AND AGREED that the Medical Board of California may issue the  
12 following Order:

13 Certificate No. C-24815 heretofore issued to respondent Robert G. Trahms,  
14 M.D., is hereby revoked; however, said revocation is stayed and respondent is  
15 placed on probation for five (5) years upon the following terms and conditions.

16 **I. SPECIAL CONDITIONS**

17 A. Within 90 days of the effective date of this decision, and on an annual  
18 basis thereafter, respondent shall submit to the Division for its prior approval an  
19 educational program or course to be designated by the Division, which shall not be less  
20 than 20 hours per year, for each year of probation. This program shall be in addition  
21 to the Continuing Medical Education requirements for re-licensure. Following the  
22 completion of each course, the Division or its designee may administer an examination  
23 to test respondent's knowledge of the course. Respondent shall provide proof of  
24 attendance for 45 hours of continuing medical education of which 20 hours were in  
25 satisfaction of this condition and were approved in advance by the Division.

26 B. Within 60 days of the effective date of this decision, respondent shall take  
27 and pass an oral or written examination, in the area of psychiatry to include issues of

1 differential diagnosis, therapeutic management, and appropriate record keeping. Such  
2 examination shall be administered by the Division or its designee. If respondent fails  
3 this examination, respondent must take and pass a re-examination consisting of a  
4 written as well as an oral examination. The waiting period between repeat  
5 examinations shall be at three month intervals until success is achieved. Respondent  
6 shall pay the cost of any examinations. If respondent fails the first examination,  
7 respondent shall cease the practice of medicine until the re-examination has been  
8 successfully passed, as evidenced by written notice to respondent from the Division.  
9 Failure to pass the required examination no later than 100 days prior to the  
10 termination date of probation shall constitute a violation of probation.

11 C. Within 30 days of the effective date of this decision, and on a periodic  
12 basis thereafter as may be required by the Division or its designee, respondent shall  
13 undergo a psychiatric evaluation (and psychological testing, if deemed necessary) by a  
14 Division-appointed psychiatrist, who shall furnish an evaluation report to the Division or  
15 its designee. The respondent shall pay the cost of the psychiatric evaluation.

16 If respondent is required by the Division or its designee to undergo  
17 psychiatric treatment, respondent shall within 30-days of the requirement notice submit  
18 to the Division for its prior approval the name and qualifications of a psychiatrist of  
19 respondent's choice. Respondent shall undergo and continue psychiatric treatment until  
20 further notice from the Division or its designee. Respondent shall have the treating  
21 psychiatrist submit quarterly status reports to the Division or its designee indicating  
22 whether the respondent is capable of practicing medicine safely.

23 D. Within 30 days of the effective date of this decision, respondent shall  
24 submit to the Division or its designee for its prior approval a plan of practice in which  
25 respondent's practice shall be monitored by another physician in respondent's field of  
26 practice, who shall provide periodic reports to the Division or its designee.

27 If the monitor resigns or is no longer available, respondent shall, within

1 15 days, move to have a new monitor appointed, through nomination by respondent  
2 and approval by the Division or its designee.

3 E. Respondent shall reimburse the Board one thousand, five hundred dollars  
4 (\$1,500.00) for the cost of investigation resulting in the filing of this Accusation.

5 **II. STANDARD CONDITIONS**

6 A. Respondent shall obey all federal, state, and local laws, and all rules  
7 governing the practice of medicine in California.

8 B. Respondent shall submit quarterly declarations under penalty of perjury  
9 on forms provided by the Division, stating whether there has been compliance with all  
10 the conditions of probation.

11 C. Respondent shall comply with the Division's probation surveillance  
12 program.

13 D. Respondent shall appear in person for interviews with the Division's  
14 medical consultant upon request at various intervals and with reasonable notice.

15 E. The period of probation shall not run during the time respondent is  
16 either not in practice or is residing or practicing outside the jurisdiction of California.  
17 If, during probation, respondent moves out of the jurisdiction of California to reside or  
18 practice elsewhere, respondent is required to immediately notify the Division in writing  
19 of the date of departure, and the date of return, if any.

20 F. Upon successful completion of probation, respondent's certificate will be  
21 fully restored.

22 G. If respondent violates probation in any respect, the Division, after giving  
23 respondent notice and the opportunity to be heard, may revoke probation and carry  
24 out the disciplinary order that was stayed. If an accusation or petition to revoke  
25 probation is filed against respondent during probation, the Division shall have  
26 continuing jurisdiction until the matter is final, and the period of probation shall be  
27 extended until the matter is final.

1           13.   Respondent's decision to waive his right to a hearing and to waive his  
2 right to reconsideration, judicial review, and all other rights accorded by the laws of the  
3 State of California with regard to the above-entitled Accusation is made freely and  
4 voluntarily and is not the result of coercion or undue influence by any persons or  
5 parties.

6 Dated: 4/17/96

DANIEL E. LUNGREN, Attorney General  
of the State of California

7  
8   
9 ISA R. RODRIGUEZ  
Deputy Attorney General

10 Attorneys for Complainant

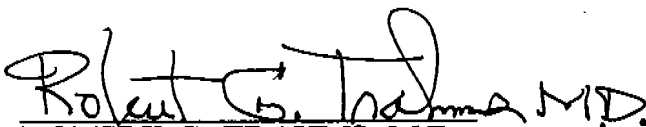
11  
12 Dated: April 12, 1996

  
13 KURT W. MELCHIOR and  
14 ELAINE M. O'NEIL

15 Attorneys for Respondent

16           I hereby certify that I have read this Stipulation and Waiver in its  
17 entirety, that my attorneys of record have fully explained the legal significance and  
18 consequences thereof, that I fully understand all of same, and in witness thereof I affix  
19 my signature.

20 Dated: 4-10-96

  
21 ROBERT G. TRAHMS, M.D.  
22 Respondent  
23  
24  
25  
26  
27

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of the State of California  
2 ISA R. RODRIGUEZ, Deputy Attorney General  
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5 Attorneys for Complainant  
6  
7

8 **BEFORE THE**  
**DIVISION OF MEDICAL QUALITY**  
9 **MEDICAL BOARD OF CALIFORNIA**  
**STATE OF CALIFORNIA**  
10

11 In the Matter of the Accusation ) No. 07-90-5992  
12 Against: )  
13 ) ACCUSATION  
14 )  
15 ROBERT G. TRAHMS, M.D. )  
16 599 SIR FRANCIS DRAKE BLVD. )  
GREENBRAE, CALIFORNIA 94904-1732 )  
17 Physician & Surgeon License )  
No. C-24815 )  
Respondent. )

18 DIXON ARNETT, complainant herein, charges and alleges  
19 as follows:

- 20 1. He is the Executive Director of the Medical Board  
21 of California, State of California (hereinafter "the Board") and  
22 makes these charges and allegations solely in his official  
23 capacity.
- 24 2. At all times material herein, respondent ROBERT G.  
25 TRAHMS, M.D. (hereinafter "respondent") has held physician and  
26 surgeon certificate No. C-24815, which was issued to him by the  
27 Board on or about January 10, 1963.



1           On September 23, 1976, an accusation (Case No. D -  
2 1878) was filed against respondent's physician's and surgeon's  
3 certificate. On August 17, 1979 a Decision became effective,  
4 revoking respondent's physician's and surgeon's certificate.

5           On February 19, 1985, a Petition for Reinstatement of  
6 Revoked Certificate was filed. On July 5, 1985, the Board issued  
7 a Decision with an effective date of August 16, 1985, granting  
8 respondent's petition for reinstatement on probationary terms and  
9 conditions.

10           On September 25, 1989, respondent filed a petition for  
11 termination of probation. On January 18, 1990 the Board issued  
12 a decision which became effective January 18, 1990, terminating  
13 respondent's probation.

14           Respondent's certificate is in good standing at the  
15 present time, and is renewed through May 31, 1994.

#### 16                           STATUTES

17           3.    Section 2001 of the Business and Professions  
18 Code<sup>1/</sup> (hereinafter referred to as the "code") provides for the  
19 existence of the board.

20           4.    Section 2003 provides for the existence of the  
21 Division of Medical Quality (hereinafter referred to as the  
22 "division") within the board.

23           5.    Section 2004 provides, inter alia, that the  
24 division is responsible for the administration and hearing of  
25 disciplinary actions involving enforcement of the Medical  
26

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27           1. All statutory references are to the Business and  
Professions Code unless otherwise indicated.

1 Practice Act (section 2000 et seq.) and the carrying out of  
2 disciplinary action appropriate to findings made by a medical  
3 quality review committee, the division, or an administrative law  
4 judge with respect to the quality of medical practice by  
5 physician & surgeon certificate holders.

6           6. Business and Professions Code section 125.3  
7 provides, in pertinent part, that in any order issued in  
8 resolution of a disciplinary proceeding before any board within  
9 the California Department of Consumer Affairs, the board may  
10 request the administrative law judge to direct a licensee found  
11 to have committed a violation/violations of the licensing act to  
12 pay a sum not to exceed the reasonable costs of the investigation  
13 and enforcement of the case.

14           7. Section 2220, 2234 and 2227 together provide that  
15 the division shall take disciplinary action against the holder of  
16 a physician's and surgeon's certificate who is guilty of  
17 unprofessional conduct.

18           8. Section 2234 provides in part, as follows:

19           "The Division of Medical Quality shall take  
20 action against any licensee who is charged with  
21 unprofessional conduct. In addition to other  
22 provisions of this article, unprofessional conduct  
23 includes, but is not limited to the following:

24           . . .

25           (c) Repeated negligent acts.

26           (d) Incompetence

27           . . . "

28       ///

29       ///

1                                   **FIRST CAUSE FOR DISCIPLINARY ACTION**

2                                   Patient J.O.<sup>2/</sup>

3                   8. Between July 9, 1990 and July 19, 1990, respondent  
4 undertook the Marin General Hospital inpatient psychiatric care  
5 and treatment of patient J.O., a fifty-seven year old divorced  
6 woman with many hospitalizations characterized by confusion,  
7 unconsciousness, and a variety of cognitive and perceptual  
8 abnormalities.

9                   She had previously been diagnosed as suffering from  
10 schizophrenia and from bipolar disorder, manic type.

11                  The current episode was marked by unconsciousness  
12 occurring seven weeks prior to admission, followed by  
13 incontinence, hallucinations, and hemiparesis upon wakening.

14                  The patient's diagnoses at discharge were: (1)  
15 delirium, mild, acute & chronic-episodic (DSM III-R 293.00); (2)  
16 schizoaffective disorder, bipolar type (DSM III- R 295.70).

17                  9. Respondent's certificate to practice as a physician  
18 and surgeon is subject to disciplinary action for repeated  
19 negligent acts and/or incompetence pursuant to Business and  
20 Professions Code sections 2234 (c) and/or (d), in connection with  
21 the care and treatment of patient J.O., as more particularly  
22 alleged hereinbelow:

23                  A. Respondent's admission note fails to adequately  
24 address the patient's:

25       ///  
26

27                  2. The full patient names will be disclosed upon receipt  
of respondent's Request for Discovery.

- 1                   1) History of her condition in the seven weeks  
2                   prior to her admission;  
3                   2) Family, social, work, and developmental  
4                   history.

5                   B. Respondent's progress notes throughout the  
6                   hospitalization fail to adequately address the  
7                   patient's mental status.

8                   C. Respondent instituted fluoxetine without a clinical  
9                   indication for doing so, especially in light of the  
10                  patient's diagnosis and known adverse psychiatric  
11                  effects of the medication.

12                  D. Respondent was unable to formulate a differential  
13                  diagnosis of the patient's psychiatric disorder.

14                  10. Respondent's conduct and omissions, as set forth  
15                  in paragraphs 9.A., 9.B., 9.C., and 9.D., jointly and severally  
16                  constitute repeated negligent acts and/or incompetence.

17                               SECOND CAUSE FOR DISCIPLINARY ACTION

18                                       Patient M.F.

19                   11. Between July 12, 1990 and July 18, 1990,  
20                   respondent undertook the Marin General Hospital inpatient  
21                   psychiatric care and treatment of patient M.F., a thirty-nine  
22                   year old woman, with a known seizure disorder, who was admitted  
23                   after an overdose of prescription medications.

24                   The patient's diagnoses at discharge were: Organic  
25                   Mental Disorder NOS, Alcoholism; Borderline Personality Disorder,  
26                   Organic Personality Disorder; Epilepsy, Tertiary Neurosyphilis.

27                   ///

1           12. Respondent's certificate to practice as a  
2 physician and surgeon is subject to disciplinary action for  
3 repeated negligent acts and/or incompetence pursuant to Business  
4 and Professions Code sections 2234 (c) and/or (d), in connection  
5 with the care and treatment of patient M.F., as more particularly  
6 alleged hereinbelow:

7           A. Respondent's admission note fails to adequately  
8 address the patient's mental status and suicidality.

9           B. Respondent's progress notes throughout the  
10 hospitalization fail to adequately address the  
11 patient's mental status and suicidality.

12           C. Respondent improperly instituted chlorpromazine in  
13 a patient with a known seizure disorder since  
14 chlorpromazine lowers the seizure threshold and  
15 increases the risk of subsequent seizures.

16           13. Respondent's conduct and omissions, as set forth  
17 in paragraphs 12.A., 12.B., and 12.C., jointly and severally  
18 constitute repeated negligent acts and/or incompetence.

19                   THIRD CAUSE FOR DISCIPLINARY ACTION

20                           Patient M.D.

21           14. On July 25, 1990 respondent presented a  
22 family/staff treatment conference concerning patient M.D., a male  
23 psychiatric inpatient at Marin General Hospital. The treatment  
24 conference was called to plan for the patient's aftercare, and  
25 was attended by respondent, the patient, the patient's mother,  
26 social worker, nurse, and occupational therapist.

27    ///

1           In the course of the treatment conference, respondent  
2       professed not to know the medications the patient was on, stated  
3       that he was unsure of the reason for ordering the medications,  
4       and suggested medications might be inappropriate.

5           Additionally, respondent presented himself as a person  
6       with paranoid problems.

7           During the conference, respondent engaged in bizarre,  
8       exaggerated behavior.

9           15. Respondent's certificate to practice as a  
10       physician and surgeon is subject to disciplinary action for  
11       repeated negligent acts, and/or incompetence pursuant to business  
12       and Professions Code sections 2234 (c) and/or (d), in connection  
13       with the care and treatment of patient M.D., as more particularly  
14       alleged hereinbelow:

15           A. Respondent's disingenuous behavior as "the unsure-  
16       stupid-paranoid-doctor" was counter-therapeutic.

17           B. Respondent behavior undermined hospital staff's  
18       efforts to obtain medication compliance from the  
19       patient by confusing the patient as to the need for  
20       compliance.

21           C. Respondent didn't know what medications the patient  
22       was on, and was unsure of the reasons for ordering  
23       them.

24           D. Respondent was confused about a diagnosis for the  
25       patient.

26           E. Respondent was confused about a treatment plan for  
27       the patient.

1 F. Respondent was excessively influenced by the  
2 patient, rather than making decisions based upon his  
3 medical training.

4 16. Respondent's conduct, as set forth in paragraphs  
5 15.A. through 15.F., jointly and severally constitute repeated  
6 negligent acts and/or incompetence.

7 FOURTH CAUSE FOR DISCIPLINARY ACTION

8 Patient A. M.

9 17. Between January 4, 1991 and January 14, 1991,  
10 respondent undertook the Marin General Hospital inpatient  
11 psychiatric care and treatment of patient A.M., a thirty-eight  
12 year old, divorced, Kurdish-Iranian-American cabinet maker, who  
13 was admitted for this second admission with a recurrence of  
14 depression and suicidal ideation.

15 Within the last two years, the patient had made two  
16 suicide attempts, once with a medication overdose, and a second  
17 time by an attempted overdose of cocaine, heroin, and "speed."  
18 The second attempt precipitated the patient's previous  
19 hospitalization, from February 23 through 27, 1990.

20 The record describes a patient with a ten year history  
21 of depression, anger, and "devastation," accompanied by  
22 intrusive, obsessive thinking, and diminished concentration to  
23 the point of dangerousness in the performance of his occupation.

24 Respondent's psychotherapeutic regimen consisted of  
25 lithium carbonate, buspirone, chlormipramine, and triazolam, all  
26 started simultaneously.

27 ///

1           The patient's discharge diagnoses were: (1) post  
2 traumatic stress disorder and bipolar disorder not otherwise  
3 specified.

4           18. Respondent's certificate to practice as a  
5 physician and surgeon is subject to disciplinary action for  
6 repeated negligent acts and/or incompetence pursuant to Business  
7 and Professions Code sections 2234 (c) and/or (d), in connection  
8 with the care and treatment of patient A.M. as more particularly  
9 alleged hereinbelow:

10           A. Respondent's admission note fails to include the  
11 following information:

- 12                   1) Sufficient history of the present illness;  
13                   2) Mental status examination;  
14                   3) Suicidal ideation/actions precipitating the  
15 admission;  
16                   4) Family, social, work, and developmental  
17 history.

18           B. Respondent failed to adequately chart the patient's  
19 mental status throughout the patient's hospitalization.

20           C. Respondent started the patient on four new  
21 medications simultaneously, instead of layering the  
22 medications.

23           19. Respondent's conduct and omissions, as set forth  
24 in paragraphs 18.A., 18.B., and 18.C, jointly and severally  
25 constitute repeated negligent acts and/or incompetence.

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1 FIFTH CAUSE FOR DISCIPLINARY ACTION

2 Patient S.J.

3 20. Between January 7, 1991 and January 21, 1991,  
4 respondent undertook the Marin General Hospital inpatient  
5 psychiatric care and treatment of patient S. J., a forty-year old  
6 woman who was admitted following a wrist-slashing. S.J. had been  
7 a patient of respondent's since July 1990, in both individual and  
8 group therapy.

9 Respondent prescribed a variety of medications for the  
10 patient, including: busipirone, chlormipramine, triazolam, and  
11 carbamazepine.

12 The patient's diagnoses at discharge were: (1) multiple  
13 personality disorder with severe suicidal risk and (2) alcohol  
14 dependence, continuous, chronic, severe.

15 21. Respondent's certificate to practice as a  
16 physician and surgeon is subject to disciplinary action for  
17 repeated negligent acts and/or incompetence pursuant to Business  
18 and Professions Code sections 2234 (c) and/or (d), in connection  
19 with the care and treatment of patient S. J., as more  
20 particularly alleged hereinbelow:

21 A. Respondent's admission note fails to include the  
22 following information:

- 23 1) Sufficient history of the present illness;  
24 2) Mental status examination;  
25 3) Admitting diagnosis.

26 B. Respondent failed to adequately chart the patient's  
27 mental status throughout the patient's hospitalization.

- 1 C. Respondent failed to complete a discharge summary.
- 2 D. Respondent started both buspirone and
- 3 chlormipramine together, at relatively high doses,
- 4 while withdrawing the patient from alcohol.
- 5 E. Respondent started the patient on triazolam at a .5
- 6 mg. dose which is the highest dose that can be
- 7 prescribed.
- 8 F. Respondent prescribed carbamazepine for the
- 9 patient, notwithstanding her history of bone marrow
- 10 disease and without ordering a complete blood count.

11 22. Respondent's conduct and omissions, as set forth

12 in paragraphs 22.A., through 22.F., jointly and severally

13 constitute repeated negligent acts and/or incompetence.

14 PRAYER

15 WHEREFORE, complainant requests that a hearing be

16 held and that thereafter the Board issue an order:

17 1. Revoking or suspending respondent's physician and

18 surgeon's certificate number C-24815 heretofore issued to

19 respondent Robert G. Trahms, M.D.;

20 2. Directing respondent to pay to the Board a

21 reasonable sum for its investigative and enforcement costs of

22 this action; and

23 ///

24 ///

25 ///

26 ///

27 ///

1           3. Taking such other and further action as is deemed  
2 just and proper to protect the public health, safety, and  
3 welfare.

4 DATED:   JULY 25, 1994  



DIXON ARNETT  
Executive Director  
Medical Board of California  
State of California

Complainant

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